

Form 1: Contractor Notification Project Hazard Assessment

The following hazard assessment is to be reviewed by the Project Manager and the Contractor/Vendor prior to initiating the project.

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|---------------------------------------|--|---|--|
| Project Name/Work Order # | | Project Dates | |
| Contractor/Vendor (print name) | | PCC Project Manager (print name) | |

| | | | |
|-----------------------------------|--|--|--|
| Description of the Project | | | |
|-----------------------------------|--|--|--|

| Safety Issue/Description | Reviewed | N/A | Additional comments or information |
|--------------------------|----------|-----|------------------------------------|
|--------------------------|----------|-----|------------------------------------|

Contractor Environmental, Health and Safety Contacts:

| | | | |
|-------------------------------------|--|--|--|
| Project Manager/Contact Information | | | |
| Superintendent/Contact Information | | | |
| EH&S Manager/Contact Information | | | |

Hazard Review and Notification:

| | | | |
|---|--|--|--|
| Impacted employees are informed of scope of work and associated hazards | | | |
| Contractor/Vendor must notify Project Manager of any accidents/incidents at the work site | | | |
| Contractor/Vendor must notify Project Manager of any regulatory inspections, complaints, or consultations | | | |
| Provide safety and environmental updates during Owner, Architect and Contractor (OAC) Meetings | | | |

Emergency Medical and First Aid:

| | | | |
|---|--|--|--|
| PCC Public Safety Emergency Phone: 971-722-4444 (non-emergency x4902) | | | |
| Contractor/Vendor is responsible for their own first aid personnel and supplies | | | |
| Review AED and eye wash/safety shower locations | | | |

Environmental Hazards

| | | | |
|---|--|--|--|
| Contractor/Vendor has controls for heat illness prevention when apparent temperatures exceed regulatory limits | | | |
| Contractor/Vendor has identified/established shade/break areas for employees to access | | | |
| Contractor/Vendor has controls for wildfire smoke protection when PM2.5 concentrations exceed regulatory limits | | | |
| All affected employees are trained in heat illness prevention and wildfire smoke protection | | | |

Emergency Evacuation and Alarm System:

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|---|--|--|--|
| Review map and evacuation routes for the campus/center | | | |
| Review emergency response for building alarms, fire or evacuation, active threats | | | |

Work Zone Hazard Notification:

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|---|--|--|--|
| Contractor/Vendor to provide all signs, barricades, or hazard warnings at the work site | | | |
| Communication to affected employees regarding the signs or barricades in use | | | |

| Safety Issue/Description | Reviewed | N/A | Additional comments or information |
|--------------------------|----------|-----|------------------------------------|
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Waste Management and Housekeeping:

| | | | |
|--|--|--|--|
| Contractor/Vendor is responsible for waste disposal: general, hazardous, and universal | | | |
| Discuss waste accumulation/storage areas | | | |
| Project Manager will state final cleanup expectations | | | |

| Spill and Release Prevention and Response | | | | |
|--|---------|-----------------|----------------------------------|---|
| Potential sources identified | | | | |
| Proper storage including containment provided | | | | |
| Spill response supplies immediately available: absorbent material and secondary containers | | | | |
| Stormwater | | | | |
| Stormwater management systems identified and reviewed. | | | Competent Person: | |
| Discuss erosion control and other protective measures implemented by Contractor/Vendor | | | | |
| Date for installation of Best Management Practices (BMPs). | | | | |
| Surrounding Area Impact | | | | |
| Potential Dust/Vapors/Fumes Sources | | | | |
| Outdoor Air Quality/Indoor Air Quality Control Measures: substitution, ventilation, filtration, etc. | | | | |
| Noise/Vibration Sources | | | | |
| Noise and Vibration Control Measures: alternative methods, sound barriers, work hours, etc. | | | | |
| Monitoring | | | | |
| Personal Protective Equipment requirements: | | | | |
| Contractor/Vendor will provide PPE and related training for their employees | | | List other PPE: | |
| Check all required | Hand | Foot | Body | |
| Eye | Hearing | Respiratory | Head | |
| Equipment: | | | | |
| Discuss the equipment which will be used (PIT, scissor lifts, cranes, hoists, etc.) | | | | |
| Contractor/Vendor will provide their own equipment and training for their employees | | | | |
| Fall Protection: | | | | |
| An appropriate fall protection system will be implemented (guardrails, anchors, etc.) | | | Competent Person: | |
| Contractor/Vendor will provide appropriate fall protection PPE and training | | | | |
| Contractor/Vendor will provide an appropriate ladder/training for work requiring ladder usage | | | | |
| Scaffold Use: | | | | |
| Contractor/Vendor has a scaffold safety program | | | Competent Person: | |
| Safety program includes protocols for daily inspections | | | | |
| Excavation, Trenching, and Shoring: | | | | |
| Contractor/Vendor will locate underground utilities before work begins | | | Competent Person: | |
| Competent person will complete a soil classification | | | | |
| Shoring boards and protective systems have been inspected | | | | |
| Safety Issue/Description | | Reviewed | N/A | Additional comments or information |
| Hot Work and Welding: | | | | |
| PCC's Hot Work program has been reviewed | | | Contractor Hot Work Coordinator: | |
| Dual permitting paperwork has been reviewed/completed | | | | |
| Review any work that impacts the building fire suppression system and/or alarms | | | | |

| Hazard Communication Program: | | | | | | |
|--|--|--|--|--|--|-------------------------------------|
| Discuss what PCC chemical hazards are present in the work area and workplace labeling | | | | | | Contractor/Vendor SDS submitted on: |
| Discuss what precautions are in place to lessen potential exposure (ventilation, etc.) | | | | | | |
| Discuss Contractor/Vendor chemicals and access PCC's SDS inventory | | | | | | |
| Discuss where and how Contractor/Vendor's chemicals will be stored and secured | | | | | | |

| Hazardous Building Materials: | | | | | | |
|---|----------|------|--------|------|--|---------------------------------|
| Material | asbestos | lead | silica | mold | | Additional analysis needed: Y/N |
| Project Manager to review previous testing information | | | | | | |
| Contractor/Vendor will be performing abatement or encapsulation work | | | | | | |
| Asbestos contractor approved by DEQ and ensures employees are certified | | | | | | |

| Electrical Safety | | | | | | |
|--|--|--|--|--|--|--|
| Discuss scope of work regarding accessing and interacting with electrical systems | | | | | | |
| Discuss LOTO procedures if scope of work requires control of hazardous energy | | | | | | |
| Discuss equipment specific procedures that will be used. | | | | | | |
| Discuss LOTO devices to be employed. | | | | | | |
| Confirm Contractor/Vendor will provide LOTO devices and tags and be responsible for locking out all devices capable of locking or place an energy control tag on or as near the device as possible | | | | | | |

| Confined Space Entry | | | | | | |
|--|--|--|--|--|--|--|
| Review scope of work where confined spaces will be entered | | | | | | |
| Identify which confined spaces will require a permit | | | | | | |
| Discuss their associated hazards and precautions taken for entry. | | | | | | |
| Discuss the required completion of the dual permitting paperwork consisting of Chapter 5 Form 1 Confined Space Entry Permit/Alternate Entry Form as well as the Contractor/Vendor's confined space permit. | | | | | | |
| Confirm that Contractors are trained in confined space entry requirements per OR-OSHA and ensuring that the Contractor issues their own Confined Space Entry Permit. | | | | | | |
| Discuss record keeping requirements of confined space permits. | | | | | | |

| | | |
|--|----------------------------------|-----------------------|
| Contractor Representative (print) | Representative Signature | CCB Number: |
| Project Manager Name (print) | Project Manager Signature | Date Reviewed: |